

308 Building/2A
July 22, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 104979
State: CA
Severity Category: H-C

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

Dow AgroSciences received the enclosed information regarding an alleged human incident.

If you wish to discuss this matter further, please call us.

Regards,

A handwritten signature in cursive script that reads "Shannon Bass".

Shannon Bass
EH&S Global Product Leader
(317) 337-4983

Prepared by:

A handwritten signature in cursive script that reads "Stacey Fruits".

Stacey Fruits
Product Stewardship Administrator
(317) 337-4577

*Trademark of Dow AgroSciences

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1-4579209
Administrative Data	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Downing California 6/15/02	Date registrant became aware of incident. 6/17/02	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) 62719-4	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Sulfuryl Fluoride	A.I. (s)	A.I. (s)	
	Product 1 name Vikane	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). Re-entry	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

DERBI: 104979
Report: Yes ☒ No ☐ SC #
If no, why:
Date: 6/20/02

Brief description of incident circumstances.

6/17/02 11:34:56 AM Caller reports that house treated with Vikane Friday and reentry made Saturday night after cleared by PCO. Later that evening, husband developed hives all over body and sx resolved after leaving house for a few hrs. Returned with reentry the following day and went to ER for eval. Received unknown tx there. Wondering about harmfulness of product. No odor or smell in house of anything. PCO cleared house.

A: Unknown source of sx. No warning agent present as no smell present. No Vikane present as house cleared. Rec f/u with MD should sx persist. Gave tele# and case#.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 46 Years Sex: Male Occupation (if relevant)	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? Did not query	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). HCF	List signs/symptoms/adverse effects Hives/Welts - 60 min or less ,		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p><i>The differential diagnosis for a dermatitis of this nature would include multiple potential etiologies. Skin patch testing would be required before labeling this product as the causative agent.</i></p> <p><i>Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence.</i></p>			
			Internal ID # 1-4579209

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RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 105112
State: CA
Severity Category: H-C, PD-A

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

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Stacey Fruits
Product Stewardship Administrator
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LHF
7-12-02

PRODUCT(S) INVOLVED Vikane
ACTIVE INGREDIENT Sulfuryl Fluoride
REGISTRATION NUMBER 62719-4
OTHER PRODUCTS None known

DILUTION/CONCENTRATE Unknown
FORMULATION Unknown

DERBI NUMBER

NAME

COUNTY/CITY/STATE Monterey County, Carmel, CA

TELEPHONE NUMBER

AGE N/A

DATE OF INITIAL NOTIFICATION 5/24/2002

DATE OF APPLICATION April 9, 10, 14, 15, 2002

DATE OF INITIAL MEDICAL TREATMENT No medical records available at this time

OCCUPATIONAL INJURY No OCCUPATION N/a

HOME UNINHABITABLE Yes DISABLED No

DEATH No PREGNANT No

INCIDENT CIRCUMSTANCES

Reportedly, two homes adjacent to [REDACTED] were tented and fumigated in April 2002. Allegedly, she had to leave her home and has experienced various symptoms.

TYPE OF APPLICATION Fumigation

AMOUNT OF PRODUCT APPLIED Unknown

PERSONAL PROTECTIVE EQUIPMENT Unknown

LABEL DIRECTIONS FOLLOWED Unknown

CERTIFIED PCO/LCO Terminix

LOCATION WHERE INCIDENT OCCURRED Residence

NUMBER OF PERSONS INVOLVED 1

GENDER Female

ROUTE OF EXPOSURE Not indicated

DURATION OF EXPOSURE 3 months

LENGTH OF TIME FROM EXPOSURE TO SYMPTOMS Immediately

DERBI: 105112
Report: Yes ___ No ___
If no, Why: _____
Date: 7/12/02
SCHEPDA
47 42

Personal privacy

SYMPTOMS REPORTED

Increase sensitivity to fumes, chest pains, burning sensation in lungs, sore throat, shortness of breath. Claims she is a highly allergic person.

RESULTING DIAGNOSIS

No medical records at this time.

TYPE OF MEDICAL CARE FACILITY N/A

ADDITIONAL INFORMATION

She claims she has tried to clean her home, without success. She has moved out of her home and into a motel.

CORRELATION OF ALLEGED EXPOSURE TO PRODUCT

None at this time.

COUNTER INDICATION OF CORRELATION OF ALLEGED EXPOSURE

None at this time.